		Filing Fee for an Assumed Name \$125.00 Filing Fee for a Fictitious Name \$40.00	
LI	MITED LIABILITY COMPANY		
	STATE OF MAINE		
STATEMENT OF INTENTION TO TRANSACT BUSINESS UNDER AN ASSUMED OR FICTITIOUS NAME (for Maine or Foreign LLC)		Deputy Secretary of State	
((for Maine or Foreign LLC)	A True Copy When Attested By Signature	
(Name o	f Maine or Foreign Limited Liability Company)	Deputy Secretary of State	
	I MRSA §1510, the undersigned limited liability conness Under an Assumed or Fictitious Name:	npany executes and delivers the following Statement of Intention to	
FIRST:	("X" one box only.) assumed name (§	fictitious name (§1510-1.B)	
	The limited liability company intends to transact b	usiness under the assumed or fictitious name of	
	Note: A fictitious name is a name adopted by transact business in this State because its real nar	y a foreign limited liability company authorized to me is unavailable pursuant to §1508.	
Complete the	following if applicable:		
SECOND:	If such assumed name is to be used at fewer than the location(s) where it will be used is (are):	all of the limited liability company's places of business in this State	
	Additional locations are attached hereto a	as Exhibit and made a part hereof.	

THIRD:	(Foreign Limited Liability Company Only)	
	Jurisdiction of organization	and the date on which
	the limited liability company was authorized to transa	act business in Maine
DATED		
DATED		
*Authorized p	person(s)	
	(authorized signature)	(Type or print name of authorized person)

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to: Secretary of State

Division of Corporations, UCC and Commissions

101 State House Station Augusta, ME 04333-0101

Telephone Inquiries: (207) 624-7752 Email Inquiries: CEC.Corporations@Maine.gov

^{*}Pursuant to 31 MRSA §16/6.1B, this statement MUST be signed by a person authorized by the limited liability company.

Filer Contact Cover Letter

Department of the Secretary of State Division of Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101	Tel. (207) 624-7752
Name of Entity (s):	
List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Me of Correction, etc.) Attach additional pages as needed.	rger, Articles of Amendment, Certif
Special handling request(s): (check all that apply) Hold for pick up Expedited filing - 24 hour service (\$50 additional fili	
Expedited filing - Immediate service (\$100 additional Total filing fee(s) enclosed: \$ Contact Information – questions regarding the above filing(s), p contact name and telephone number or email address will result in the return of the erroned	olease call or email: (failure to pr
(Name of contact person)	Daytime telephone number)
(Email address)	
The enclosed filing(s) and fee(s) are submitted for filing. Please return the address:	attested copy to the following
(Name of attested recipient)	
(Firm or Company)	
(Mailing Address)	
(City, State & Zip)	